VERMONT OUT-OF-SCHOOL YOUTH NEEDS ASSESSMENT PROJECT

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March 2003

Vermont Department of Education
Safe and Healthy Schools
(802) 828-0570

Notes on the information contained in this report:

- This report contains information based on 118 interviews with Vermont service providers who work in some way with out-of-school youth. Subsequent phases of this project will include Vermont schools and alternative educational institutions, which are not included herein.

- The information here is based on self-reporting by individual representatives of contacted organizations, in the course of one phone interview or written survey each.

- Because most service providers do not track in-school and out-of-school youth separately, some of our survey questions apply to both of those populations.

- In addition to service provider interviews, this report also includes information gathered through three focus groups conducted with groups of youth (both in-school and out-of-school) in Burlington, Montpelier, and Brattleboro. The results of these focus groups are listed separately. At the time of this report, at least two more focus groups are planned for the near future. A more complete report will follow.

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POPULATION DEFINITION

The target population is defined as people between 13 and 24 who are at increased risk for HIV infection and/or transmission and who are not reached in traditional or alternative school settings.

DETAIL:
This population includes youth who are in some way disenfranchised from traditional systems of education, social service and/or health care; youth who engage in specific HIV risk behaviors; youth who experience specific co-factors for HIV infection; and/or youth who belong to sociodemographic populations that are disproportionately impacted by the HIV/AIDS epidemic. They include, but are not limited to, youth who are:

- gay, lesbian, bisexual, transgender, or questioning (GLBTQ);
- reporting sexually transmitted infections and/or unwanted pregnancy
- trading sex for resources
- dealing with or have a history of substance use, including injection drug use;
- dealing with or have a history of substance abuse treatment;
- incarcerated/juvenile offenders;
- living at or below the poverty line;
- homeless;
- out of school, runaway, "throwaway," emancipated, abandoned, medically indigent, and/or in foster or SRS care;
- people of color;
- immigrants/migrant workers
- dealing with mental illness;
- developmentally delayed;
- dealing with or have a history of violence or abuse (including domestic violence; and sexual, emotional or physical abuse)
- HIV+
- sexual and/or needle sharing partners of any of the following: men who have sex with men, injection drug users, or people living with HIV

TYPES OF SERVICES

The 118 providers included in this report fall into the following categories, based on the primary focus of their work:

ASO (AIDS Service Organization)

Communities of Color

Community Kitchen

Corrections/Court Diversion

Crisis Services

D&A (Drugs and Alcohol)

Dropout Prevention

Education (*life skills, adult education, etc.; however, does not include schools)*

Employment

FBO (Faith Based Organization)

GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning Youth)

Health (*does not include private practices)*

IDU (Injection Drug Users)

MH (Mental Health; *does not include private practices)*

PHN (Public Health Nurses, HIV/AIDS designees only)

Poverty

Pregnancy

PWA (People Living with HIV/AIDS)

Recreation/Mentoring

Referral for Child Care

SA (Substance Abuse)

Shelter

Teen Center

Tobacco Prevention

VNA/Hospice (Visiting Nurses Association)

Women's Services

Youth Services

Youth Services/Refugee

Youth Services/VCRHYP (Vermont Coalition of Runaway and Homeless Youth Programs)

NUMBER OF YOUTH CONTACTS

SURVEY QUESTION:
Number of young people (ages 13-24) served in the last 12 months or calendar year. (This question refers to both in-school and out-of-school youth.)

TOTAL YOUTH CONTACTS REPORTED: 62,087

Note:

- This number does not account for duplication between organizations.
- 103 of 118 interviewees were able to offer estimates.
- 8 of the 103 interviewees who offered estimates account for 33,127 (50%) of the total reported contacts, respectively estimating 10,000; 3,292; 2,560; 4,775; 5,000; 4,000; 1,500; and 2000 contacts.

For a detailed listing of number of youth reached by service provider type, see the tables on pages 10-15.

MALE/FEMALE BALANCE

SURVEY QUESTION:
Are you reaching a larger proportion of males, females, or is it about even? (This question refers to both in-school and out-of-school youth.)

113 of the 118 interviews were able to offer estimates, as follows:

57	Reported reaching about the same number of males and females
36	Reported reaching more females
20	Reported reaching more males

COMMENTS:
In general terms, many of the "mostly female" responses came from service providers related to reproductive health, pregnancy, and baby/childcare. Many of the "mostly male" responses came from services related to court diversion and corrections.

OUT-OF-SCHOOL YOUTH

SURVEY QUESTION:
Describe the ways in which you come into contact with out-of-school youth.
Specific groups of out-of-school youth you are seeing.

Note: This survey question was open-ended. Responses have been grouped into categories. Response categories are not mutually exclusive. Some interviewees named multiple categories (often describing the same group of out-of-school youth from different perspectives); other interviewees did not name any categories. However, all providers included in this report responded that their work did bring them into contact with out-of-school youth in some way.

Note: The responses to this question relate to the ways in which service providers come into contact with out-of-school youth, as well as some of the characteristics of that population. In some cases, those two aspects interrelate (e.g., youth involved with SRS; youth involved with corrections; youth who are pregnant/parents/involved with WIC).

Most common responses

Number of Responses	Response
22	Youth who are using substances (including heroin/opiates); youth who are in substance abuse treatment
19	Youth involved in some way with corrections, Probation/Parole; juvenile offenders
15	Youth who are pregnant/parents; involved with WIC
14	Youth reached through outreach programming
14	Youth who are homeless/seeking shelter
12	Youth who have dropped out/are in danger of dropping out
12	Youth reached through miscellaneous referrals/through inter-agency networking
11	Youth dealing with mental health issues/mental illness
11	Youth living at or below the poverty line/low socio-economic status
9	Youth involved with SRS
9	Youth reached through word of mouth/peer referral
7	Youth who are runaway/at-risk of running away
7	Youth who are dealing with violence and/or abuse and/or harassment
6	Youth reached through walk-in services/drop-in centers
4	Youth reached through hotline/call-in/800 number

Other responses: Youth reached through social networks; Youth reached through Spectrum (referrals); Youth reached through media (flyers, ads, etc.); Youth dealing with learning differences/developmentally delayed youth; Youth who are racial/ethnic minorities; Youth who are deaf/hard of hearing.

WHO IS BEING REACHED?

SURVEY QUESTION:
Who are you seeing in your work?
(This question refers to both in-school and out-of-school youth.)

The grid on this page shows the total responses (n=118) by population. The tables on pages 10-15 give an overview of each interviewee's response, grouped by type of service/organization.

Brief observation: Based on this preliminary information, the three populations about whom the least seems to be known are: youth trading sex for resources; youth who are HIV+; and youth are the sexual and/or needle sharing partners of people at increased risk.

F (Focus): Indicates that the organization specifically focuses in some way on reaching that population

R (Reach): Indicates that some number of the population is accessing the organization's services

D (Don't Know): Youth do not self-identify, or are not readily identifiable by the named category, and may or may not be accessing the organization's services.

N (No): Indicates that the organization is not seeing that population in its work

Youth Sub-Population	F	R	D	N
gay, lesbian, bisexual, transgender, or questioning (GLBTQ)	7	82	25	3
reporting sexually transmitted infections and/or pregnancy	17	81	13	6
trading sex for resources	2	60	39	16
dealing with or have a history of substance use, including injection drug use	31	79	6	1
dealing with or have a history of substance abuse treatment	22	82	12	1
incarcerated/juvenile offenders	25	70	10	12
living at or below the poverty line	36	77	4	0
Homeless	22	77	12	6
out of school, runaway, "throwaway," emancipated, abandoned	17	73	20	7
medically indigent; disconnected from health care	10	80	18	9
in foster or SRS care	22	72	11	12
people of color	8	94	9	6
immigrants/migrant workers	7	65	20	25
dealing with mental illness	14	89	9	5
developmentally delayed	7	79	13	18
dealing with or have a history of violence or abuse (including domestic violence; and sexual, emotional or physical abuse)	23	83	9	2
HIV+	5	41	59	10
sexual and/or needle sharing partners of any of the following: men who have sex with men, injection drug users, or people living with HIV	5	51	54	7

		F = Focus (the organization has some focus on this population) **R = Reach** (the organization has come into contact with this population **D = Don't know** (clients don't self-report, etc.) **N = No** (the organization has not come into contact with this population)																	
TYPE (area of service, primary focus or specialization)	**Total # of youth served last year**	**GLBTQ**	**STI/Pregnancy**	**Sex for resources**	**Substance Use**	**Sub. Abuse Trtmt.**	**Incarc/Juv. Offend.**	**Poverty**	**Homeless**	**Runaway…**	**Medically indigent**	**Foster/SRS care**	**People of color**	**Immig./mig. worker**	**Mental illness**	**Dev. delayed**	**Violence/abuse Hx**	**HIV+**	**At-risk partners**	**OTHER GROUPS REACHED**
ASO	1530	R	R	N	R	R	R	R	R	R	R	R	R	D	R	N	R	R	R	
ASO	643	R	R	D	F	R	D	R	R	R	R	F	F	R	F	F	F	N	F	Youth with dysfunctional home environment
ASO	600	R	F	R	F	F	N	R	R	D	R	D	R	D	R	D	R	F	R	
ASO	250	R	N	R	R	R	R	R	N	N	D	N	R	R	D	D	R	F	F	
ASO	1500	D	R	D	R	R	R	R	R	R	R	R	N	R	R	R	R	N	R	
Communities of Color	60	R	R	R	R	R	R	R	R	R	N	N	F	F	N	N	R	R	R	Underserved/under-represented youth
Community Kitchen	25	D	D	D	D	D	R	F	R	D	D	D	R	D	R	R	D	D	D	
Corrections/Court Div.	962	R	R	D	F	R	F	R	R	R	R	R	R	R	R	R	R	D	D	
Corrections/Court Div.	400	R	R	R	R	R	F	R	R	F	R	F	R	R	R	R	R	R	R	
Corrections/Court Div.	293	R	R	R	F	R	F	R	R	R	R	F	R	N	R	R	R	D	R	
Corrections/Court Div.	300	R	R	D	R	R	F	R	R	R	R	R	R	R	R	R	R	D	D	
Corrections/Court Div.	212	R	R	D	F	F	F	R	R	R	R	R	R	R	R	R	R	R	R	
Corrections/Court Div.	160	N	N	N	F	R	F	R	R	R	R	R	R	N	R	R	R	D	N	
Corrections/Court Div.	900	R	R	D	R	F	F	R	R	R	R	F	R	R	R	R	R	R	D	
Corrections/Court Div.	425	R	R	R	F	F	F	R	R	R	R	F	R	R	R	R	R	R	R	
Crisis	1,050	R	R	R	R	R	R	R	R	R	N	R	R	R	R	R	F	D	D	
Crisis	136	F	R	R	R	R	N	R	R	R	D	R	R	R	R	R	F	R	R	
Crisis	912	R	R	R	R	R	F	R	F	R	R	F	R	R	R	R	F	N	R	
Crisis	125	R	R	N	R	R	R	R	R	R	R	R	R	R	R	R	F	R	R	
Crisis	158	R	R	R	R	R	N	R	R	R	R	R	R	R	R	R	F	D	D	
Crisis	988	R	R	D	D	D	D	R	R	R	R	R	R	R	R	R	F	D	D	
Crisis	4032	D	D	D	R	R	N	R	D	R	D	D	D	D	D	D	F	N	D	
Crisis	Unk.	F	F	F	F	D	F	F	F	F	F	N	F	F	F	F	F	F	F	
Crisis	886	R	R	R	R	D	R	R	R	R	R	N	R	F	R	R	R	D	D	Underserved populations (e.g., Bosnians)

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Crisis	480	D	R	N	R	R	D	R	R	R	R	R	R	D	D	R	F	D	D	
Crisis	Unk.	R	R	R	R	R	N	R	R	R	R	R	R	R	R	R	F	D	D	Youth seeking housing
Crisis/Legal	50	R	R	R	R	R	R	F	R	R	R	R	N	R	R	R	F	R	D	
Deaf/Hard of Hearing	Unk.	R	D	D	R	D	R	R	R	D	D	R	R	R	R	R	R	D	D	People who are deaf and hard of hearing
Drug/Alcohol	2560	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	*Info not tracked in outreach*
Drug/Alcohol	675	R	D	R	F	F	F	F	F	F	R	F	D	D	F	D	F	D	D	
Ed	54	R	R	R	R	R	F	F	R	R	R	R	F	F	R	R	R	D	R	HCV+
Ed	750	D	R	R	R	R	R	R	R	R	N	R	D	R	R	R	D	D	D	
Ed	600	R	R	R	R	R	F	F	R	R	F	R	R	F	R	R	R	R	R	
Ed	80	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Home-schooled
Ed	120	R	R	D	R	R	R	F	R	D	R	R	R	R	R	R	R	D	R	
Ed	152	R	R	D	F	R	R	F	R	D	D	R	R	R	F	R	R	D	D	behavioral problems/expelled
Ed	100	R	R	R	R	R	R	R	R	R	R	R	R	F	R	R	R	R	R	
Ed	325	D	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	D	D	
Ed/Dropout Prevention	18	?	R	D	R	R	R	R	N	R	R	R	R	N	R	R	R	D	R	
Ed/Eco	5000	R	R	D	R	D	R	R	R	D	D	R	R	R	R	R	D	D	D	
Ed/Health	20	N	F	N	R	R	R	R	D	D	N	D	R	D	D	D	R	R	D	Youth from families with HIV+ women
Employment	300	R	R	D	R	R	R	F	R	R	R	F	R	R	R	F	R	D	D	
Employment/Parenting	97	R	F	R	R	R	R	F	F	R	R	R	R	R	R	N	R	D	D	Partners of pregnant women
FBO	600	R	R	R	R	R	R	R	R	R	R	R	F	R	R	R	R	R	R	
GLBTQ	500	F	R	R	R	R	R	F	F	R	F	F	N	N	R	D	R	D	F	

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Health	176	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Youth in shelters and res. programs
Health	146	R	F	R	R	R	R	F	F	F	F	F	F	R	R	R	R	R	R	
Health/Prevention/ Communities of Color	50	F	?	D	R	R	R	F	R	R	R	R	F	R	R	R	R	F	R	Women
IDU	55	R	R	R	F	R	F	R	R	R	R	R	R	R	R	D	R	R	R	HCV+
IDU/Harm Red.	15	R	N	R	F	F	F	F	R	R	R	R	R	N	R	R	R	R	R	
MH	Unk.	D	R	N	F	F	R	R	R	R	D	R	R	N	F	R	R	R	R	Eating disorders, depression, PTSD
MH	200	R	R	R	R	R	R	F	R	F	F	F	R	R	F	F	F	R	R	
MH	348	R	R	R	R	R	R	R	R	R	R	F	R	R	F	R	R	D	D	
MH	40	R	N	R	R	R	R	R	R	R	R	R	N	N	F	N	R	D	R	
MH	90	R	R	R	F	F	N	R	R	R	R	F	R	R	F	N	R	D	D	
MH	90	R	R	R	F	F	N	R	R	R	R	F	R	R	F	N	R	D	D	
MH	?	R	R	D	F	F	R	F	F	F	R	F	R	N	F	F	F	R	R	
MH/Crisis	200	R	R	R	R	R	R	R	R	R	R	R	R	R	F	R	R	D	R	
MH/Crisis	78	R	R	D	R	R	R	R	R	R	R	R	R	N	R	R	N	N	R	
Parent/Child Center	60	R	F	R	R	R	R	F	R	R	R	R	R	R	R	R	R	R	R	
PHN	130	R	R	N	R	R	R	R	R	R	R	R	R	N	R	R	R	R	D	Medicaid population
PHN	120	R	F	D	R	R	F	R	D	D	D	N	R	N	R	R	R	D	D	
PHN	500	D	F	D	R	R	R	R	R	R	F	R	R	D	R	R	R	D	D	
PHN	Unk.	R	R	N	R	R	R	R	N	N	R	R	R	R	R	N	R	N	R	
PHN	Unk.	D	F	D	R	R	R	R	R	R	R	R	R	R	R	R	R	D	D	
PHN	50	D	F	D	R	R	R	F	R	D	F	F	R	R	R	R	R	D	D	
PHN	600	D	F	D	R	R	N	R	N	N	R	N	R	N	N	N	N	D	N	

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PHN	Unk.	R	R	R	R	R	R	R	R	R	R	F	R	F	R	R	R	R	R	
PHN	200	D	R	D	R	R	D	F	F	D	D	R	R	R	R	R	R	N	F	
PHN	Unk.	D	R	D	R	R	D	R	D	D	D	R	R	R	R	R	R	D	D	
Poverty	120	R	R	N	R	R	R	F	F	R	N	F	R	R	R	R	R	N	R	
Pregnancy	145	N	F	N	R	R	N	R	R	R	R	R	R	R	R	R	R	D	D	
Pregnancy	282	R	F	N	R	R	R	R	R	R	R	R	R	R	R	R	R	D	D	
Pregnancy	90	R	R	R	R	R	R	F	R	R	R	R	R	R	R	R	R	N	R	
Pregnancy	3	D	F	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
PWA	Unk.	R	D	D	R	R	R	R	R	R	R	D	F	D	R	R	R	F	R	Women, Women of Color
Recreation/Mentor	300	R	R	D	R	R	R	R	D	D	R	R	R	R	R	R	R	D	D	
Referral for child care	160	D	D	D	D	D	D	F	R	N	D	N	D	D	D	D	D	D	D	Teen parents
Substance Abuse	200	R	R	R	F	F	R	R	N	R	R	R	R	R	R	N	R	N	R	
Substance Abuse	150	R	R	R	F	F	R	R	R	R	R	R	R	R	F	N	R	R	R	
Substance Abuse	108	R	R	R	F	F	R	R	R	R	R	R	R	N	R	R	R	R	R	
Substance Abuse	275	R	R	D	F	F	N	R	R	R	R	R	R	N	R	R	R	R	D	
Substance Abuse	400	R	R	R	R	R	R	R	R	R	R	R	R	R	R	N	R	D	D	
Substance Abuse	50	R	N	D	F	F	R	R	D	D	R	N	R	N	R	R	R	D	D	"Average" youth, not identified with other high risk groups
Substance Abuse	325	R	R	R	F	F	R	R	R	R	R	R	R	N	R	N	R	D	R	
Substance Abuse	Unk.	R	D	R	F	F	F	F	R	F	N	F	R	N	R	N	R	R	R	Learning dis-ordered; HCV+
Shelter	100	R	R	R	R	R	R	R	F	R	R	N	R	R	R	R	R	R	R	
Shelter	150	D	R	R	F	F	R	F	F	R	F	N	R	R	F	F	F	R	R	
Shelter	60	D	R	R	R	R	R	R	F	F	R	R	R	R	R	R	R	R	R	
Shelter	20	R	R	R	R	R	D	F	F	F	F	R	R	R	R	R	D	D	D	

		F = Focus (the organization has some focus on this population) **R = Reach** (the organization has come into contact with this population **D = Don't know** (clients don't self-report, etc.) **N = No** (the organization has not come into contact with this population)																	
TYPE (area of service, primary focus or specialization)	**Total # of youth served last year**	**GLBTQ**	**STI/Pregnancy**	**Sex for resources**	**Substance Use**	**Sub. Abuse Trtmt.**	**Incarc/Juv. Offend.**	**Poverty**	**Homeless**	**Runaway…**	**Medically indigent**	**Foster/SRS care**	**People of color**	**Immig./mig. worker**	**Mental illness**	**Dev. delayed**	**Violence/abuse Hx**	**HIV+**	**At-risk partners**	**OTHER GROUPS REACHED**
Shelter	100	R	R	R	R	R	R	R	F	R	R	N	R	R	R	R	R	R	R	
Shelter	150	D	R	R	F	F	R	F	F	R	F	N	R	R	F	F	F	R	R	
Shelter	60	D	R	R	R	R	R	R	F	F	R	R	R	R	R	R	R	R	R	
Shelter	20	R	R	R	R	R	D	F	F	F	F	R	R	R	R	R	D	D	D	
Teen Center	365	F	F	D	F	R	R	F	F	F	R	R	R	R	R	R	F	D	D	
Teen Center	60	R	N	N	R	R	N	R	R	R	R	R	R	N	R	R	R	N	N	
Teen Center	140	R	R	R	F	R	R	R	N	R	D	R	N	N	R	R	F	D	N	
Teen Center	350	R	R	R	R	R	R	R	D	N	R	R	R	R	R	R	R	D	R	
Teen Center	10,000	R	R	R	R	R	R	R	R	D	R	R	R	N	R	R	R	D	D	
Teen Center/Youth Ctr.	300	D	R	N	R	D	R	F	R	D	R	R	R	R	R	R	F	R	D	
Tobacco Prevention	2000	D	D	D	R	R	R	R	R	R	R	D	R	D	D	D	R	D	D	
VNA/Hospice	1150	D	R	R	R	R	R	R	R	R	N	R	R	R	R	R	R	D	D	
Women's Services	125	F	R	R	R	R	F	R	R	N	R	R	R	R	N	N	R	R	R	Youth with no-where else to turn
Youth Services	1,250	R	R	R	R	R	R	R	R	R	R	R	R	D	R	R	R	D	R	HCV+; Sex offenders
Youth Services	4,775	F	R	F	R	R	R	F	F	F	R	R	R	R	R	N	R	R	R	
Youth Services	Unk.	R	F	D	F	F	F	F	F	F	F	R	R	R	R	R	R	R	R	Parenting Youth
Youth Services	3292	R	R	R	R	R	F	R	F	F	R	R	R	D	R	R	R	R	D	
Youth Services	300	R	R	R	F	R	R	F	R	R	R	R	R	D	R	R	R	R	D	
Youth Services	6	R	R	R	R	R	R	R	F	R	R	N	N	N	R	R	R	N	N	
Youth Services	100	R	R	R	R	F	F	F	F	F	R	R	R	N	R	F	R	D	N	
Youth Services	550	R	R	N	F	F	F	R	R	R	R	F	R	N	R	R	F	D	D	
Youth Services	80	R	R	N	R	R	R	R	R	F	R	N	R	N	R	N	R	D	R	
Youth Services	?	R	R	D	R	D	N	F	F	F	D	D	D	D	N	N	F	R	D	
Youth Services	130	R	F	R	F	F	R	F	R	R	N	R	R	R	R	R	R	D	D	
Youth Services	100	D	D	N	N	N	N	F	D	N	N	R	D	R	R	R	F	D	N	

		F = Focus (the organization has some focus on this population) **R = Reach** (the organization has come into contact with this population **D = Don't know** (clients don't self-report, etc.) **N = No** (the organization has not come into contact with this population)																	
TYPE (area of service, primary focus or specialization)	**Total # of youth served last year**	**GLBTQ**	**STI/Pregnancy**	**Sex for resources**	**Substance Use**	**Sub. Abuse Trtmt.**	**Incarc/Juv. Offend.**	**Poverty**	**Homeless**	**Runaway…**	**Medically indigent**	**Foster/SRS care**	**People of color**	**Immig./mig. worker**	**Mental illness**	**Dev. delayed**	**Violence/abuse Hx**	**HIV+**	**At-risk partners**	**OTHER GROUPS REACHED**
Youth Svcs./D&A	1,000	D	D	D	R	R	D	D	D	D	D	D	R	R	R	D	D	D	D	
Youth Services/Food/Health	250	R	R	R	R	R	R	F	R	R	R	R	R	D	R	R	R	R	D	
Youth Svcs./Refugee	300	R	R	D	R	R	R	R	R	D	R	R	R	R	N	R	R	D	D	
Youth Svcs./VCHRYP	95	R	R	R	R	R	R	F	F	F	R	F	R	D	R	N	F	R	R	
Youth Svcs./VCHRYP	120	R	R	R	F	F	F	R	R	R	R	F	R	N	R	R	R	D	D	

ORGANIZATIONS FOCUSING ON HIV/AIDS; INTERVENTIONS OFFERED THROUGH THESE ORGANIZATIONS

Of the 118 providers interviewed, **65 (55%)** focus in some way on HIV/AIDS.

	# (n = 65)	%	
Individual Level Intervention (ILI) *Speaking one-on-one about HIV/AIDS*			
	60	92%	Offer ILI
	5	8%	Make referrals only and/or do not offer ILI
Group Level Intervention (GLI) *Speaking with groups about HIV/AIDS*			
	50	77%	Offer GLI
	15	23%	Make referrals only and/or do not offer GLI
Community Level Intervention (CLI) *Larger, social and/or venue-based events where HIV/AIDS is addressed but may not be the primary focus*			
	34	52%	Offer CLI
	32	48%	Make referrals only and/or do not offer CLI
HIV Counseling and Testing Services (CTS)			
	15	23%	Offer CTS
	50	77%	Make referrals only and/or do not offer CTS

(continued)

ORGANIZATIONS FOCUSING ON HIV/AIDS:
INTERVENTIONS OFFERED THROUGH THESE ORGANIZATIONS
(continued from previous page)

Outreach *Venue- or community-based individual or group interaction; offering HIV/AIDS and other information and referral*			
	34	52%	Are performing some type of outreach
			Where is outreach occurring? Most common responses: • Schools • Street • Department of Corrections • Teen and Drop-in Centers • Through other community organizations • At community events where youth are present • Through health care providers Other responses: • Chat rooms • Courthouse • Home visits • Through substance abuse treatment programs
	31	48%	Are not performing outreach
HIV/AIDS Hotline or 800 Number *Telephone line where clients can call for information about HIV/AIDS*			
	15	23%	Offer a hotline or 800 number
	50	77%	Make referrals only and/or do not offer a hotline/800 number
Public Information (PI) *HIV/AIDS-related print materials (brochures, pamphlets); posters; television and radio ads or programs; any other form of advertising; internet/computer-based information*			
	61	94%	Offer PI
	4	6%	Make referrals only and/or do not offer PI
Access to condoms, other barriers, and/or lubricant			
	49	75%	Offer access to condoms, other barriers, and/or lubricant
	16	25%	Make referrals only and/or do not offer condoms/barriers/lubricant

ORGANIZATIONS FOCUSING ON HIV/AIDS:
INTERVENTIONS OFFERED THROUGH THESE ORGANIZATIONS
(continued from previous page)

Access to bleach kits and/or other materials to encourage safer injection *Does not necessarily include needles and syringes*			
	22	34%	Offer access to bleach kits/safer injection materials
	43	66%	Make referrals only and/or do not offer bleach kits/safer injection materials
Needle Exchange Program (NEP) *Provision of injection equipment, including needles and syringes*			
	3	5%	Offer NEP
	62	95%	Make referrals only and/or do not offer NEP
Substance Abuse Treatment (SAT) *Can include short- or long-term residential treatment; outpatient treatment; any form of detox and related treatment. Also pharmacological or medication-assisted treatment, such as methadone or buprenorphine.*			
	6	9%	Offer SAT
	59	91%	Make referrals only and/or do not offer SAT
Informal HIV Education *Interviewees were asked if they thought HIV/AIDS was also being addressed in any informal capacity -- as opportunity presents, on request, informal conversations with/among clients, at social events, etc.*			
	52	80%	Said that yes, informal HIV education was taking place
			In what way is informal HIV education occurring? • Most common response: Informal discussion between providers and youth/clients • Other common responses: Informal discussion amongst youth/clients; In social environments; Comes up spontaneously in group discussions about other topics
	13	20%	Said that no, they did not see informal HIV education taking place

See the following pages for an overview of interventions offered per organization.

INTERVENTIONS AVAILABLE
THROUGH ORGANIZATIONS THAT FOCUS IN SOME WAY ON HIV/AIDS

TYPE OF ORG.	YOUTH SERVED/ YEAR	ILI	GLI	CLI	CTS	OUT	800	PI	Barr.	Bleach	NEP	SAT
ASO	1530	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/R	N/R
ASO	643	Y	Y	Y	Y	Y	N/R	Y	Y	Y	Y	N/R
ASO	600	Y	Y	N/R	Y	Y	N/R	Y	Y	Y	N/R	N/R
ASO	250	Y	Y	Y	Y	Y	N/R	Y	Y	N/R	N/R	N/R
ASO	1500	Y	Y	Y	Y	Y	N/R	Y	Y	Y	Y	N/R
Communities of Color	60	Y	Y	N/R	N/R	Y	N/R	Y	N/R	N/R	N/R	N/R
Corrections	400	Y	N/R	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Corrections	293	Y	N/R	N/R	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
Crisis	1,050	Y	Y	Y	N/R	Y	Y	Y	Y	N/R	N/R	N/R
Crisis	136	Y	Y	N/R	Y	N/R	Y	Y	N/R	N/R	N/R	N/R
Crisis	912	Y	N/R	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Crisis	125	Y	Y	N/R	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
Crisis Services	480	Y	Y	Y	N/R	Y	Y	Y	N/R	N/R	N/R	N/R
Crisis Services	?	Y	N/R	Y	Y	Y	Y	Y	Y	N/R	N/R	N/R
Crisis Services	886	Y	Y	Y	N/R	N/R	Y	Y	N/R	N/R	N/R	N/R
D&A	2560	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R	N/R	N/R
Education	54	Y	Y	N/R	N/R	N/R	N/R	Y	Y	Y	N/R	N/R
Education/Support	20	Y	Y	Y	N/R	Y	Y	Y	Y	Y	N/R	N/R
Employment/Parenting	297	Y	Y	N/R	N/R	Y	N/R	Y	Y	N/R	N/R	N/R
FBO	600	N/R	Y	Y	N/R	Y	N/R	Y	Y	Y	N/R	N/R
GLBTQ	500	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/R	N/R
Health	176	Y	Y	Y	Y	Y	N/R	Y	Y	Y	N/R	N/R
Health	146	Y	Y	Y	Y	Y	N/R	Y	Y	N/R	N/R	N/R
Health/Prevention/ Communities of Color	50	Y	Y	Y	N/R	N/R	N/R	Y	Y	Y	N/R	N/R
IDU	55	Y	Y	N/R	Y	Y	Y	Y	Y	Y	Y	N/R
IDU/Harm Red.	15	Y	Y	N/R	Y	Y	Y	Y	Y	Y	N/R	N/R
Mental Health	90	Y	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	Y
Mental Health/Crisis	200	Y	Y	N/R	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R
Parent/Child Center	60	Y	Y	N/R	N/R	Y	N/R	Y	Y	N/R	N/R	Y
PHN	130	Y	Y	N/R	N/R	N/R	N/R	Y	Y	Y	N/R	N/R
PHN	120	Y	Y	Y	N/R	Y	N/R	Y	Y	Y	N/R	N/R
PHN	500	Y	Y	Y	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
PHN	?	Y	Y	Y	N/R	Y	N/R	Y	Y	Y	N/R	N/R
PHN	?	Y	Y	Y	N/R	Y	N/R	Y	Y	Y	N/R	N/R

Y = Yes (the organization offers this service)

N/R = No/Referrals (the organization refers clients elsewhere for this service, and/or does not offer the service)

ILI = Individual Level Intervention (speaking one-on-one about HIV/AIDS)

GLI = Group Level Intervention (speaking with groups about HIV/AIDS)

CLI = Community Level Intervention (larger events where HIV/AIDS is addressed but may not be the focus)

CTS = HIV Counseling and Testing

OUT = Outreach (Venue- or community-based individual or group interaction; offering HIV/AIDS and other information and referral)

800 = HIV/AIDS Hotline or 800 #

PI = Public Information (media, including print material, radio, TV, internet-based information, etc.)

Barrier = Condoms/Barriers/Lubricant

Bleach = Bleach kits, other safer injection supplies (not including needles/syringes)

NEP = Needle Exchange Program (provision of injection equipment, including needles and syringes)

INTERVENTIONS AVAILABLE THROUGH ORGANIZATIONS THAT FOCUS IN SOME WAY ON HIV/AIDS (continued from previous page)

TYPE OF ORG.	YOUTH SERVED/ YEAR	ILI	GLI	CLI	CTS	OUT	800	PI	Barr.	Bleach	NEP	SAT
PHN	50	Y	Y	Y	N/R	Y	N/R	Y	Y	N/R	N/R	N/R
PHN	600	Y	Y	Y	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
PHN	?	Y	Y	Y	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
PHN	200	Y	N/R	Y	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
PHN	?	Y	Y	Y	N/R	N/R	Y	Y	Y	N/R	N/R	N/R
Poverty	120	Y	N/R	N/R	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
Pregnancy	145	Y	N/R	Y	N/R	Y	N/R	Y	N/R	N/R	N/R	N/R
Pregnancy	282	Y	N/R	Y	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Pregnancy	90	Y	Y	N/R	N/R	Y	N/R	Y	Y	N/R	N/R	N/R
PWA	?	Y	Y	Y	N/R	N/R	Y	Y	Y	Y	N/R	N/R
SA	200	Y	Y	Y	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
SA	150	Y	N/R	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Shelter	20	Y	?	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Shelter	100	Y	Y	N/R	Y	N/R	N/R	Y	Y	Y	N/R	N/R
Substance Abuse	108	Y	N/R	N/R	N/R	N/R	N/R	Y	Y	Y	N/R	Y
Substance Abuse	?	Y	Y	N/R	Y	N/R	N/R	Y	Y	N/R	N/R	N/R
Substance Abuse	275	N/R	Y	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Substance Abuse	400	Y	Y	Y	N/R	Y	N/R	Y	Y	N/R	N/R	N/R
Substance Abuse	50	Y	Y	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	Y
Substance Abuse	325	Y	Y	Y	N/R	Y	N/R	Y	Y	Y	N/R	Y
Teen Center	365	Y	Y	N/R	N/R	N/R	Y	Y	Y	N/R	N/R	N/R
Teen Center	60	N/R	N/R	N/R	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
VNA/Hospice	1150	Y	Y	N/R	N/R	N/R	N/R	Y	N/R	N/R	N/R	N/R
Youth Services	?	Y	Y	Y	N/R	Y	Y	Y	Y	N/R	N/R	N/R
Youth Svcs.	1,250	Y	Y	N/R	N/R	Y	N/R	Y	Y	Y	N/R	Y
Youth Svcs.	4,775	Y	Y	N/R	N/R	Y	N/R	Y	Y	Y	N/R	N/R
Youth Svcs.	?	N/R	Y	N/R	N/R	Y	N/R	Y	Y	N/R	N/R	N/R
Youth Svcs.	3292	Y	Y	Y	Y	Y	N/R	Y	Y	N/R	N/R	N/R
Youth Svcs./D&A	1,000	Y	Y	Y	N/R	Y	N/R	Y	N/R	N/R	N/R	N/R
Youth Svcs./VCHRYP	95	Y	N/R	Y	N/R	Y	Y	Y	Y	N/R	N/R	N/R
Youth Svcs./VCHRYP	120	Y	Y	N/R	N/R	N/R	N/R	Y	Y	N/R	N/R	N/R
Total Reached Last Year: ~24,936												

Y = Yes (the organization offers this service)

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Bleach = Bleach kits, other safer injection supplies (not including needles/syringes)

NEP = Needle Exchange Program (provision of injection equipment, including needles and syringes)

REFERRALS

Where are organizations referring their clients for other services?

Note: Not all organizations referred to (below) offer the named services. This list reflects the interviewees' responses, regardless of accuracy. In some cases, interviewees specifically acknowledged that they make referrals to organizations that can offer clients more information about the service in question, and not necessarily the named service itself.

Individual Level Intervention (5 responses)
- Vermont CARES (2)
- Comprehensive Care Clinics
- Health Care Providers
- Planned Parenthood

Group Level Intervention (8 responses)
- Health Care Providers (2)
- Planned Parenthood (2)
- Vermont CARES (2)
- Department of Health
- Lund Family Center

HIV Counseling and Testing (68 responses)
- Planned Parenthood (11)
- Health Care Providers (9)
- Vermont CARES (9)
- Comprehensive Care Clinics (7)
- Department of Health – Vermont anonymous testing sites (5)
- Local AIDS Service Organizations (5)
- AIDS Project of Southern Vermont (4)
- ACORN (3)
- Community Health Center (Burlington) (3)
- Local hospitals (3)
- Imani Health Institute (2)
- Outright Vermont (2)
- Spectrum Youth and Family Services (2)
- American Red Cross (1)
- Lund Family Center (1)
- Vermont PWA Coalition (1)

(continued)

REFERRALS
(continued from previous page)

Hotline/800 Number (30 responses)
- Department of Health AIDS Hotline (19)
- CDC Hotline (3)
- Planned Parenthood (2)
- Act One/Bridge Program (1)
- State anonymous HIV testing sites (1)
- Headrest (1)
- Health Care Providers (1)
- Outright Vermont (1)
- Vermont CARES (1)

Condoms/Barriers/Lubricant (9 responses)
- Planned Parenthood (5)
- AIDS Project of Southern Vermont (1)
- Dawnland Center (1)
- Department of Health (1)
- Vermont CARES (1)

Bleach Kits and Other Materials for Safer Injection (excluding needles/syringes) (14 responses)
- AIDS Project of Southern Vermont (4)
- Department of Health (3)
- Local Needle Exchange Programs (3)
- Vermont CARES (2)
- ACORN (1)
- Act One/Bridge Program (1)

Needle/Syringe Exchange Programs (40 responses)
- Howard (Burlington Needle Exchange) (15)
- AIDS Project of Southern Vermont (8)
- Vermont CARES, St. Johnsbury (5)
- Department of Health (4)
- Vermont CARES (3)
- Local Needle Exchange Programs (2)
- Outright Vermont (1)
- Local pharmacies (1)
- Spectrum Youth and Family Services (1)

REFERRALS
(continued from previous page)

Substance Abuse Treatment (107 responses)
- Local private therapists/CDACs (11)
- Brattleboro Retreat (10)
- Howard/Act One/Bridge Program (10)
- Maple Leaf Farm (9)
- Centerpoint (6)
- Tri-County (6)
- Local substance abuse treatment programs (unnamed) (5)
- Conifer Park (4)
- Spectrum Youth and Family Services (4)
- Counseling Service of Addison County (3)
- Evergreen (3)
- NCSS (3)
- Serenity House (3)
- Copley Hospital (2)
- Greenfield, MA (methadone treatment) (2)
- Headrest (2)
- Local youth services (2)
- Mountainview (2)
- Quitting Time (2)
- Alcoholics Anonymous (1)
- Champlain Valley Drug/Alcohol Services (1)
- Clara Martin (1)
- Comprehensive Care Clinics (1)
- Day One (1)
- Families in Recovery (1)
- Fletcher Allen Health Care (1)
- Health Care and Rehabilitative Services (1)
- Lund Family Center (1)
- Marathon (1)
- Narcotics Anonymous (1)
- Phoenix House (1)
- RAP (1)
- Rutland Mental Health (1)
- United Counseling Service of Bennington County (1)
- UVM Substance Abuse Treatment Program (1)
- Vermont Office of Alcohol and Drug Abuse Programs (ADAP) (1)

TOPICS COVERED AS PART OF HIV/AIDS EDUCATION

SURVEY QUESTION:
Do you address:
A) Sexual risk for HIV transmission?
B) Needle related risk for HIV transmission?
C) Other related risks for HIV transmission (substance use; socio-cultural barriers; triggers to risk behavior; etc.)

Of the 65 providers completing this section of the survey (i.e., those who said their work focuses in some way on HIV/AIDS):

n=65	**%**	
65	100%	Address sexual risk for HIV transmission
57*	88%	Address needle-related risk for HIV transmission
57*	88%	Address other related risks for HIV transmission

*Note: Not the exact same 57 respondents. A total of 12 providers (18%) reported that they do not address all three of the above-named risks for HIV transmission.

5 address only sexual risk
Provider Categories: Crisis Services, Parent/Child Center, PHN, Pregnancy, VNA/Hospice

3 address only sexual and needle-related risk
Provider Categories: Corrections, Crisis Services, Mental Health

4 address only sexual and other related risk
Provider Categories: Crisis Services (2), Pregnancy, Teen Center

HIV/AIDS-RELATED TRAINING

Among the 65 organizations reporting that they do focus on HIV/AIDS in some way:

SURVEY QUESTION:
Is formal training provided to staff to enable them to respond to HIV/AIDS issues?

Yes: 59 (91%)
No: 6 (9%)

Reported training topics include: HIV transmission and prevention, counseling and testing, confidentiality, substance use/abuse, diversity, cultural competency, PEP, counseling, outreach, harm reduction, boundary-setting, universal precautions, advocacy, behavioral change models, domestic violence, and referral-making.

Training Resources	**# of responses (n=65)**
American Red Cross	24
In-house/self-designed curricula	21
Miscellaneous conferences, workshops, trainings	14
VT Department of Health Counseling and Testing training	8
Planned Parenthood	5
CDC	2
Vermont CARES	2
SRS	2
Brattleboro Retreat	1
Local youth service bureau	1
Outright Vermont	1
Vermont Coalition of Runaway and Homeless Youth Pgms.	1
Vermont Department of Health Office of Minority Health	1

Training for Youth Peer Outreach Workers

22 of the 65 programs that focus in some way on HIV/AIDS, include training specifically for youth, who work as peer educators and/or outreach workers. All of those organizations train youth staff internally.

Five organizations reported using a standard curriculum for all youth staff. Four organizations also provide training for youth staff through American Red Cross, and one organization does so through Planned Parenthood.

Training topics include HIV transmission and prevention; referral, role play, harm reduction, diversity, communication/counseling, facilitation, and root causes.

ORGANIZATIONS NOT FOCUSING ON HIV/AIDS

Of the 118 interviewees, **53 (45%)** said their program did not focus on HIV/AIDS.

SURVEY QUESTION:
Does HIV/AIDS come up in your work informally, or in any way? If so, describe.

# (n=53)	**%**	
29	55%	Address HIV/AIDS individually as it comes up and/or as needed
11	21%	Make referral and/or print information available only
11	21%	Include HIV/AIDS in group presentations or as part of an existing curriculum
6	11%	Do not address HIV/AIDS in their work
SURVEY QUESTION: *Would you like to be contacted about how to increase your involvement with HIV/AIDS in the future?*		
38	72%	Yes
15	28%	No

PROVIDING EFFECTIVE HIV PREVENTION SERVICES

ON THE FOLLOWING PAGES:

p. 28-30: *In terms of reaching youth with prevention messages/services, what have been the successes of your work? What have you found that is effective?*

p. 31: *What are the challenges or barriers to reaching youth and/or providing services to your population?*

p. 32: *What resources would help you more effectively reach your population with HIV/AIDS information or services?*

p. 33-35: *In your opinion, how could HIV/AIDS be better addressed among Vermont youth who are not in school, or no longer in school? What should the priorities be?*

p. 36-38: *In your opinion, what groups of Vermont youth (13-24) are not being reached with HIV prevention services?*

p. 39-40: *Do you think there are groups of Vermont youth who <u>are</u> being reached? If so, specify.*

p. 41-47: *What services are most lacking for youth in your service area?*

p. 48-50: *Are there specific (geographic) parts of your service area where services for youth are most lacking, or more difficult to provide? If so, specify.*

EFFECTIVE METHODS/ACTIVITIES/STRATEGIES
– most frequent responses

SURVEY QUESTION (posed to all interviewees):
In terms of reaching youth with prevention messages/services, what have been the successes of your work? What have you found that is effective?
(Applies to both in-school and out-of-school youth.)

NOTE: This survey question was open-ended. Responses have been grouped into categories. Also, the categories listed are in many ways interrelated (the first two, for example—developing trust and respect, and developing individual relationships—are intrinsically linked).
Some categories represent specific activities; others refer to general approaches or strategies. This grid serves more as a point of reference than it does as a ranking of strategy effectiveness, or as a true comparison of methods.

# (n=118)	**%**	**Method/Strategy/Activity** *And selected respondent comments*
21		**Non-judgmental approach; Developing trust and respect** *Without adult telling them what to do;* *Youth should feel listened to;* *Direct, honest, sometimes fairly explicit communication;* *Good individual relationships;* *Openness is important;* *Advise, don't tell;* *Keep connections as long as possible;* *Spending time and developing relationship to develop sense of meaning and value;* *Letting youth know that they are valuable members of community;* *Once you have an open, direct relationship, you can talk about anything;* *Being able to discuss those things matter of factly so they aren't embarrassed;* *Not preaching; just delivering information;* *Non-chalantly addressing HIV/AIDS at public events;* *1-on-1, private sessions where you can have a heart-to-heart;* *Listening and hearing, and respecting choices;* *Helping to make healthier choices via risk reduction;* *Not lecturing, but sharing stories;* *If you talk to youth in a respectful way, they'll take on challenging conversations;* *It's easier to talk about challenging topics if you say right up front, "This won't be easy to talk about."*
17		**Establishing individual relationships; One-on-one counseling with youth**

(continued)

EFFECTIVE METHODS/ACTIVITIES/STRATEGIES
(continued from previous page)

16		**Peer-run services /Peer support** *So they can relate to experiences of clients;* *Relying on youth's expertise on their own lives;* *Former participant referrals;* *Speakers with experience, especially peers;* *Providing them with leadership opportunities*
16		**Involving the participants; Interesting, fun, appealing events; Informality and a comfortable environment** *Not institutional or school-like;* *Interactive activities;* *Discussion versus lecture;* *Hands-on activities;* *Mix it up, media clips, games, fun exercises;* *College sleepover ("girls night out") – did a midnight presentation – very well received;* *Fun activities, things they are interested in already mixed with information they need to know*
13		**Outreach** *At schools/colleges;* *Peer outreach;* *Abstinence outreach in school;* *Go where youth are/Where they are dropping in for social or support services*
11		**Collaborating with other community service organizations that come into contact with young people** *SAP referrals in community;* *Collaborations with other organizations who are trying to reach the same populations as we are*
11		**Groups/Support Groups/Group Level Intervention** *8-10 optimum—They'll loosen up and talk more;* *Teen focus group – Teen staff member invited a group to talk about what they would like to see in a presentation;* *Dialogue nights*
10		**Honesty in the approach; Giving a complete picture** *Complete, accurate info;* *Give concrete examples;* *Don't talk down to them;* *Addressing communication and/or other issues besides just how to use a condom;* *I'm often blunt with them, and they begin to trust me. That makes a difference.*

(continued)

EFFECTIVE METHODS/ACTIVITIES/STRATEGIES
(continued from previous page)

8		**Building self-esteem/empowerment** *Contributing and being recognized publicly for positive work in the community;* *Sense of efficacy, experiences of success that lead them further to success;* *Focus on social change*
7		**Broad-based approaches; Addressing root issues and founding causes of risk behavior** *Addressing whatever is going on in their lives rather than having them conform to us;* *Staff ability to do this, to respond to different issues;* *Work with kids where they are willing to start*
6		**Ability to make complete and appropriate referrals** *Having a knowledge of appropriate resources (non-HIV referrals);* *Removing obstacles to other services*
6		**Significant support person in youths' lives** *Not always in their family;* *1-on-1 contact with positive role model;* *By having role models who are popular (singers, rappers) who spread the message;* *Mentoring*
6		**Media/Media campaigns** *Teen-specific hotline cards;* *Radio advertising (though it is prohibitively expensive);* *Alternative media campaigns, including radio, etc (vs. overexposed pamphlets);* *Access to literature – youth centered;* *In conjunction with counseling (not on its own)*

OTHER RESPONSES INCLUDED THE FOLLOWING:

- Increased condom access
- Harm Reduction approach
- Flexible hours
- Incentives for participation
- Adventure based learning/prevention
- HIV+ speakers
- Word of mouth
- Offering options versus "one way"

CHALLENGES/BARRIERS – most frequent responses

SURVEY QUESTION (posed to all interviewees):
What are the challenges or barriers to reaching youth and/or providing services to your population?
(Applies to both in-school and out-of-school youth.)

NOTE: This survey question was open-ended. Responses have been grouped into categories.

# (n=118)	%	Challenge/Barrier
41	35%	Sense of invincibility; HIV does not feel relevant to youth, or is not a priority; youth are desensitized to HIV prevention messages
36	30%	Stigma; resistance within the community and/or schools; sensitivity to addressing these subjects with youth; embarrassment among youth when discussing sexual health; denial that HIV is an issue for young people
20	17%	Transient population, hard to keep up with, scattered
20	17%	Lack of program funding, resources and/or staff, including a lack of youth staff
16	14%	Transportation for youth (to events and services) and/or the limitations of working in a rural state
16	14%	Lack of services for youth (including substance abuse, transitional housing, etc.); lack of community support for youth; lack of collaboration among agencies working with youth; lack of services designed or driven according to youth preferences and culture
14	12%	Not enough time for the work; not enough time to build trusting relationships with youth
7	6%	Difficult to maintain/ensure confidentiality and/or anonymity in service delivery
6	5%	Lack of awareness among youth regarding service availability
5	4%	Getting youth to attend; getting youth interested in programs/services; connecting independent/homeless/street youth connected to the system;
3	2%	Lack of child care

DESIRED RESOURCES – most frequent responses

SURVEY QUESTION (posed to all interviewees):
What resources would help you more effectively reach your population with HIV/AIDS information or services?
(Applies to both in-school and out-of-school youth.)

# (n=118)	%	Resource	Common Responses: how resources might be applied
58	49%	Additional Funding	Increase staff/hours, increase youth staff; Incentives for program participation; Transportation to events; Bring in outside speakers more often; Develop computer/internet-based HIV/AIDS information
39	33%	Training/Technical Assistance	Basic HIV/AIDS information; making referrals; recognizing and responding to at-risk youth; technical updates; statewide trainings
36	31%	Additional Staff/Human Resources	Particularly for outreach efforts, including awareness raising (re: HIV risk, service availability); More youth staff; Outreach that is more diverse and more broadly reaching
30	25%	Other materials	Particularly condoms that can be dispensed for free; Media (t.v. commercials, movies, videos)
26	22%	Print Information	Materials that are youth-focused and up-to-date; More user-friendly, accessible, relevant and interesting materials for youth; Referral materials/listings of available resources

IMPROVING HIV/AIDS PREVENTION AND SERVICES AMONG OUT-OF-SCHOOL YOUTH
- most frequent responses

SURVEY QUESTION (posed to all interviewees):
In your opinion, how could HIV/AIDS be better addressed among Vermont youth who are not in school, or no longer in school? What should the priorities be?

NOTE: This survey question was open-ended. Responses have been grouped into categories.

COMMENTS:

- In addition to their more specific responses, many providers commented in general on the importance of reaching out-of-school youth through things and places they are already interested in and/or connected to.

- This ties in with another frequent comment (on this survey question and others), which is the wide gap between providers' ability to reach youth who are in some way accessing services (recreational, mental health, substance abuse, crisis, corrections, etc.) and those youth who are more disconnected from their communities.

# (n=118)	%	**Approach/Strategy/Priority** *And selected respondent comments*
27		**Working in cooperation with services/providers that are already coming in contact with out-of-school youth** *Provide HIV/AIDS info to youth when they access services;* *Integrate HIV with existing curricula;* *Ed Programming to hook them in and make HIV a piece of the greater curriculum;* *Better train all staff/organizations who come into contact with this population, make HIV/AIDS information more available to youth;* *Through transition age youth services – JOBS, VCRIP, etc.;* *Catch youth through health care and free clinics;* *Emergency Rooms (where many disconnected youth get health care);* *Spectrum;* *WIC;* *Family planning;* *Teen Centers;* *Drop-In Centers*
24		**Outreach** *On-street programs, talking to kids where they are creative outreach strategies (beyond just providing the information)*

(continued)

IMPROVING HIV/AIDS PREVENTION AND SERVICES AMONG OUT-OF-SCHOOL YOUTH **(continued from previous page)**

# (n=118)	%	Approach/Strategy/Priority *And selected respondent comments*
19		**Media** *Radio, TV, Video, Posters, Literature;* *Use a medium at their level, billboards, pamphlet drops;* *Publicity through TV or radio ads, Internet, brochures, etc.;* *Create/offer info resources (cards, poster, etc.);* *Succinct, visual messages;* *Through radio, TV, things they might be interested in;* *Make it accessible, interesting to young people, relevant*
11		**Peer Intervention** *Having young people with experiences with HIV/AIDS share with other young people*
9		**Needle education/Needle Exchange** *Make syringe exchange accessible to people under age 18*
8		**Access to prevention materials (barriers,etc)** *Free condoms*
7		**Increase financial resources, funding for additional staff/programs**
6		**Prevention work to help kids stay at home and/or in school** *Dropout prevention – keep them from becoming OOS youth;* *Provide this info to youth while they are still in school;* *Reach younger kids, before they leave school*
5		**Connecting youth to a caring provider** *Personal connections*
5		**Work with parents** *Reach out to parents so it is not left to schools that may not be able to provide the education*
5		**Drop in center/Physical space** *Peer run "look"; easily accessed;* *Providing multipurpose centers specifically to youth (shelter, food, healthcare, etc.)*
5		**Focus on housing/shelter/homeless issues** *Including those trading sex for resources;* *Have place safe enough, long enough to stop running and look at yourself*
4		**Focus on primary issues – e.g., substance use, mental health** *If you want to move past HIV/AIDS knowledge to behavior change – those things have to be addressed;* *Provide supplemental info which focuses on alcohol;* *They need to have HIV/AIDS addressed as part of a comprehensive intervention which addresses all of their many needs, not just HIV;* *Address underlying issue of not making choices that are in their best interest*
4		**Increase access to services/Increase service awareness**

IMPROVING HIV/AIDS PREVENTION AND SERVICES AMONG OUT-OF-SCHOOL YOUTH **(continued from previous page)**

OTHER RESPONSES:

- Combat apathy/"Not my problem" attitude
- Help youth personalize the info/Make HIV "real" to them
- Improve self-esteem/empowerment
- Group interventions
- Fun activities, things they are interested in
- Increase provider's ability to provide info/referral
- Make HIV part of initial interview/intake process
- Community education
- Incentives for program participation
- Increase job skills/employability
- Linking homophobia and HIV; combat GLBT stigma
- Engage employers as partners in the effort
- Use popular role models to spread the message
- Bring in HIV+ adult speakers

UNREACHED YOUTH POPULATIONS
- most frequent responses

SURVEY QUESTION (posed to all interviewees):
In your opinion, what groups of Vermont youth (13-24) are not being reached with HIV prevention services?

NOTE: This survey question was open-ended. Responses have been grouped into categories. Also, the categories themselves interrelate and dovetail with one another. There are often several ways to describe the same population of youth, and each attribute may constitute a separately named category here.

COMMENTS:

- It is notable that "in-school youth" were frequently named on survey questions asking about un-reached populations and well reached populations. Many respondents here commented on the disparity between educational requirements and actually "getting the message across to youth."

- Respondents were aware that the focus of this survey was out-of-school youth, and that may have influenced their answer here accordingly.

- Some unmentioned populations or infrequently mentioned populations may be under-represented on this list due to a lack of service providers who target that population in Vermont (e.g., deaf/hard of hearing youth; youth of color; transgender).

# (n=118)	**%**	**Population** *And selected respondent comments*
27		**Out-of-School Youth**
23		**Youth Disconnected (from community/services)** *Those not accessing services, or not already receiving services don't seemed engaged in much of what community has to offer (school, jobs, etc);* *Youth who are engaged in illegal activities and reluctant to come to engage in activities, services, etc.;* *They have no sense of why to get involved;* *Disconnected from informed adults, info sources;* *Disconnected from services in general;* *Disconnectedfrom transportation (to services);* *Youth without a support system of some kind;* *Marginalized kids*
18		**Homeless/Runaway/Throwaway Youth**

(continued)

UNREACHED YOUTH POPULATIONS **(continued from previous page)**

# (n=118)	%	Population *And selected respondent comments*
13		**In-school youth** *Only in some areas;* *HIV/AIDS not comprehensively addressed;* *They're not getting the message;* *And/or message not delivered as it should be (often due to community resistance);* *Presented with the information, but not in a way that is engaging;* *Schools not dealing with it, other than abstinence*
13		**Youth in Rural Areas** *Which is a lot of youth in VT;* *Especially outside Chittenden County*
12		**Youth who are Substance Users/Abusers** *Including alcohol;* *Youth with addiction issues;* *Young people who inject;* *Especially those who use heroin*
11		**Most Youth** *Because of infallible attitude of youth;* *Because of the political or controversial nature of the topic;* *Everyone; It has become forgotten recently;* *People don't talk about it;* *This generation is much less informed*
7		**Youth involved with Corrections/Court Diversion** *Youth who have other these more immediate concerns;* *Youth in court diversion (70% sexually active; 50% already abusing some substance)*
6		**Youth who drop out or are at risk for dropping out**
5		**Youth living below the poverty line/Low Socioeconomic Status**
5		**Sexually Active Youth** *Those reporting sexually transmitted infections*
5		**Older Youth (16-24)** *Once they've left high school;* *18-21, who get lost in the system because they've aged out of certain services;* *Because: 1) they are "adults" and there is no leverage for accessing them, 2) there is a lack of services geared toward this group*

(continued)

UNREACHED YOUTH POPULATIONS **(continued from previous page)**

# (n=118)	%	**Population** *And selected respondent comments*
4		**Labeled Kids** *"unmanageable"* *"unsuccessful"* *"anti-social"*
4		**Youth dealing with mental illness and/or emotional difficulties**
4		**GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning)** *Especially questioning youth;* *Especially young men who have sex with men (MSM)*
4		**Home-schooled/Private School population**

OTHER RESPONSES INCLUDE:

- Younger Kids; Early sexual initiators
- Youth with developmental disabilities/Youth in special education
- Males
- Unemployed youth
- Youth from high risk families/with chemical dependency in their families
- Youth without healthcare/insurance
- Youth of color
- Youth who are dealing with abuse, domestic violence, sexual coercion
- Youth with multiple barriers (poor, low self esteem, out of school, etc.)
- ESL students/Youth with language barriers
- Immigrants/Migrant workers
- SRS Youth
- Youth who are deaf/hard of hearing
- Teen mothers

WELL REACHED YOUTH POPULATIONS
- most frequent responses

SURVEY QUESTION (posed to all interviewees):
Do you think there are groups of Vermont youth who <u>are</u> being reached? If so, specify.

NOTE: This survey question was open-ended. Responses have been grouped into categories.

COMMENTS:

- In addition to the responses given for this question, many providers raised the issue of the difference between reaching youth with information and truly providing effective prevention services. It may not be accurate to assume that any populations that are relatively "well reached" are actually getting the support they need to change and/or maintain certain behaviors.

- It is notable that "in-school youth" were frequently named on survey questions asking about well reached populations <u>and</u> un-reached populations. As to the latter, many respondents commented on the disparity between educational requirements and actually "getting the message across to youth." Many also commented that while HIV/AIDS education is a required element of many school curricula, the content and prevention-related effectiveness can vary widely from school to school.

# (n=118)	%	**Population** *And selected respondent comments*
55		**In school Youth/Youth in the educational system**
30		**Youth who are accessing social services /"In the system"** *e.g., harm reduction, youth-driven programs; Vermont CARES; Outright Vermont; Spectrum; Boys and Girls Clubs; regional Youth Service bureaus; Planned Parenthood; WIC; mental health treatment; substance abuse treatment; needle exchange programs*
11		**Youth with adult support/good role models/stable family life** *Youth seeing counselors;* *Gay youth with allies;* *Youth who have a trusting, confidential relationship with an adult*
10		**Youth who are socially/academically "successful"** *Self-directed* *Mainstreamed youth*

(continued)

WELL REACHED YOUTH POPULATIONS
(continued from previous page)

# (n=118)	%	Population *And selected respondent comments*
5		**Youth who are connected to health care** *Those who get regular medical checkups*
5		**Youth in recovery-focused programs/in substance abuse treatment programs**
5		**Youth with peer support/Youth reached by peer outreach workers**
5		**GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning) Youth**

OTHER RESPONSES:

- Pregnant women
- Youth involved in Corrections/Youth Detention/Probation and Parole
- Youth in more urban areas
- Middle/Upper Class Youth
- Youth reached through personal experience with HIV/AIDS
- Early teenagers
- Youth who are employed

SERVICE GAPS – by category and by region

SURVEY QUESTION (posed to all interviewees):
What services are most lacking for youth in your service area?
(Applies to both in-school and out-of-school youth.)

NOTE: This survey question was open-ended. Responses have been grouped into categories.

RESPONSES OVERALL, BY CATEGORY

# (n=118)	%	Named Service Category
50	42%	Housing
34	29%	Substance Abuse Treatment/Services/Counseling
31	26%	Social/Recreational Alternatives
23	19%	Mental health
23	19%	Transportation
14	12%	Education
11	9%	Teen Center
10	8%	Health Care
8	7%	Employment
7	6%	Outreach
5	4%	Prevention Services
4	3%	HIV Counseling and Testing
3	<3%	Crisis Services
3	<3%	Needle Exchange
2	<3%	GLBTQ
1	<3%	Child Care

ADDITIONAL NOTE: Many respondents also commented on the need for increasing service awareness among youth, through awareness raising efforts such as outreach, media, networking, and word of mouth.

See the following pages for further details: responses by county/region, and specific comments on various service categories.

NAMED SERVICE GAPS – by region

SURVEY QUESTION (posed to all interviewees):
What services are most lacking for youth in your service area?
(Applies to both in-school and out-of-school youth.)

The table on the following pages shows responses attributed to specific counties or regions of Vermont, and any comments that may have been given regarding the named service category.

# of responses	Service Category *And selected respondent comments*
ADDISON COUNTY	
1	Education *Alternative education opportunities (esp. HS)*
1	Health Care *Shelters specifically for youth*
3	Mental Health
1	Social/Recreational Alternatives *Things for teens to do; places to hang out*
2	Substance Abuse Treatment/Services/Counseling
1	Teen Center
1	Transportation
BENNINGTON COUNTY	
1	Mental Health
2	Social/Recreational Alternatives
1	Teen Center
1	Transportation

(continued)

NAMED SERVICE GAPS – by region (continued from previous page)

# of responses	Service Category *And selected respondent comments*
CHITTENDEN COUNTY	
2	Education *Alternative education opportunities; Hands-on experience in learning*
1	Employment *Vocational services*
3	Health Care *Affordable, accessible; Welcoming to youth*
12	Housing *Affordable, accessible; Confidential services for runaways; For transitional age youth (17-24) dealing with mental illness; Homeless youth; Safe, affordable; Shelter; Shelters for 18-24 yr.; Supportive housing for 18+ year olds; Transitional housing*
5	Mental Health *Affordable, accessible; Psychiatry services; Timely evaluations*
1	Needle Exchange
1	Outreach
1	Prevention Services *HIV Prevention*
2	Social/Recreational Alternatives
7	Substance Abuse Treatment/Services/Counseling *Developmentally appropriate; Especially heroin treatment, methadone*
1	Teen Centers
5	Transportation
4	Other/Miscellaneous Youth Services *Emergency financial aid, computer access; Mentoring; Opportunities for community involvement; Serving older/transitional age youth*
FRANKLIN/GRAND ISLE COUNTIES	
2	Crisis Services *Respite emergency beds*
5	Housing *Homeless/runaway services; Transitional housing*
2	Social/Recreational Alternatives *A place to hang out*
1	Substance Abuse Treatment/Services/Counseling *Intensive outpatient*
2	Transportation
2	Other/Miscellaneous Youth Services *Mentoring; Services for transitioning youth, 18-24*

(continued)

NAMED SERVICE GAPS – by region (continued from previous page)

# of responses	Service Category *And selected respondent comments*
LAMOILLE COUNTY	
1	GLBTQ *Services/support for queer youth*
2	Housing *Intermediate length housing; Shelter*
1	Outreach *Violence prevention*
2	Social/Recreational Alternatives
2	Substance Abuse Treatment/Services/Counseling *Heroin treatment options; Residential treatment; Intensive outpatient; Prevention*
2	Teen Center
2	Transportation
1	Other/Miscellaneous Youth Services *Services targeted toward 17+*
NORTHEAST KINGDOM	
2	Education *Educational support; Extracurricular activities at schools*
6	Housing *Homeless services; Services to facilitate transition into stable housing; Shelters; Safe havens*
3	Mental Health *Residential treatment*
1	Outreach
1	Prevention services *Access to free or low cost condoms*
3	Social/Recreational Alternatives *After school programming (especially middle school)*
3	Substance Abuse Treatment/Services/Counseling *Outpatient and inpatient; Residential*
3	Transportation
2	Other/Miscellaneous Youth Services *Mentoring; Big Brother/Sister program; Independent living; Summer lunch programs*

(continued)

NAMED SERVICE GAPS – by region (continued from previous page)

# of responses	Service Category *And selected respondent comments*
ORANGE COUNTY	
1	HIV testing and counseling
2	Housing *Homeless shelters; Homeless/Runaway services*
1	Mental Health
3	Social/Recreational Alternatives *Especially for older teens*
2	Substance Abuse Treatment/Services/Counseling *No AA, no groups in this district for youth; Outpatient and inpatient*
1	Teen Centers
RUTLAND COUNTY	
1	Health Care
1	HIV Counseling and Testing *At low/no cost*
2	Housing *Shelters specifically for youth*
4	Mental Health *Without wait list; Affordable; Youth-focused counselors*
1	Outreach
1	Prevention Services
2	Social/Recreational Alternatives *Especially low/no cost*
3	Substance Abuse Treatment/Services/Counseling *Inpatient; Intensive outpatient*
1	Teen Center
3	Transportation
1	Other/Miscellaneous Youth Services *Helping youth transition to adulthood*

(continued)

NAMED SERVICE GAPS – by region (continued from previous page)

# of responses	Service Category *And selected respondent comments*
WASHINGTON COUNTY	
2	Education *Programs for school credit; Sex education*
1	Employment *Career counselling*
3	Health Care *Affordable; Health screenings; Medical treatment for homeless youth and others*
5	Housing *Shelters; Shelter and food for homeless youth and youth who have been kicked out; Safe havens; For teen mothers*
3	Mental health *Residential treatment; Especially those not requiring parental consent*
1	Needle Exchange
2	Outreach
4	Social/Recreational Alternatives *Activism; Drop-in center; Skate park in town*
4	Substance Abuse Treatment/Services/Counseling *Methadone; Residential*
2	Teen Center
2	Transportation
4	Other/Miscellaneous Youth Services *Advocacy/legal; Youth leadership and personal development opportunities; Connecting youth with the community*

(continued)

NAMED SERVICE GAPS – by region (continued from previous page)

# of responses	Service Category *And selected respondent comments*
WINDHAM COUNTY	
4	Education *Alternative education alternatives; Academic success services; Alternatives for poor families*
3	Employment *Earning a livable wage; Employment training*
1	Health Care
8	Housing *Especially for youth under 18; Homeless services; Safe and stable for homeless youth; Affordable housing; Transitional housing; Housing for pregnant girls*
2	Social/Recreational Alternatives *After school programming*
4	Substance Abuse Treatment/Services/Counseling *12-step programs for youth; Prevention, education, treatment*
3	Transportation *After school late busses*
1	Other/Miscellaneous Youth Services *Transitional services for those between school age and adulthood*
WINDSOR COUNTY	
1	Childcare
1	Employment *Job opportunities*
1	Health Care *Dental services*
1	HIV testing and counseling
3	Housing *Homeless/runaway youth services; Homes*
2	Mental health *Affordable*
2	Social/Recreational Alternatives *Positive place to hang out*
1	Substance Abuse Treatment/Services/Counseling *No AA, no groups in this district for youth*
2	Teen Centers
1	Transportation

GEOGRAPHIC GAPS/CHALLENGES

SURVEY QUESTION (posed to all interviewees):
Are there specific (geographic) parts of your service area where services for youth are most lacking, or more difficult to provide? If so, specify.

In response to this question, 76 out of 118 respondents (64%) made some mention of the lack of available services for youth in **Vermont's more rural areas**. Many described it in terms of any area outside the major hubs or county seats (Burlington, Brattleboro, Montpelier, St. Albans, Middlebury, etc.).

Other, more specific responses that were given are outlined below, by county/region:

Other responses from providers serving
ALL OR MUCH OF VERMONT (STATEWIDE ORGANIZATIONS)

- More urban areas with funding problems for current youth centers or with no healthy alternatives for youth.
- Northeast Kingdom
- Rutland area
- Washington County
- Northeast kingdom, Rutland area
- Areas outside of Chittenden county
- Communities that don't have places to hang out or the opportunity to cruise into town to hang out
- Everywhere is lacking
- Areas of greatest poverty
- Barre, Rutland (both of which have major heroin problems) – hard to help clients from that area, for a lack of options
- Northeast Kingdom
- Bennington/Brattleboro area
- Anywhere outside of town
- Franklin County, Lamoille county

Other responses from providers primarily serving
ADDISON COUNTY

- Hancock, Granville – divided by the mountain from the rest of the county.
- All of Addison County
- The whole county is lacking

GEOGRAPHIC GAPS/CHALLENGES (continued from previous page)

Other responses from providers primarily serving
CHITTENDEN COUNTY

- Anywhere without adequate transportation
- The greater the distance from Burlington, the less the services
- Most lacking outside of Burlington
- Anywhere outside of Burlington (Milton, Essex Jct.)
- Conservative areas
- Outside the greater Burlington area
- Anything off the bus route
- Milton, Williston
- Anyone farther away, who need to use public transportation

Other responses from providers primarily serving
FRANKLIN/GRAND ISLE COUNTIES

- Away from St. Albans
- Outlying towns (Richford, Fairfax, Enosburg)
- The biggest problem is the isolation in most of Vermont
- Outside of St. Albans
- Grand Isle county – because it's so spread out

Other responses from providers primarily serving
LAMOILLE COUNTY

- The lack of services is across the board
- Stowe

Other responses from providers primarily serving
NORTHEAST KINGDOM

- Northern Essex County, from Island Pond to Canaan
- The whole NE Kingdom is lacking in youth services
- Smaller communities outside of Newport and St. Johnsbury
- Sheffield, Island Pond
- Essex county because there are no agencies to piggyback onto for services
- Northern Essex County; Canaan area; Barton area
- Essex County

GEOGRAPHIC GAPS/CHALLENGES **(continued from previous page)**

Other responses from providers primarily serving
ORANGE COUNTY

- Especially areas lacking a community center (e.g., Corinth, Topsham)

Other responses from providers primarily serving
RUTLAND COUNTY

- Less services as further away from Rutland town
- Anything outside of Rutland City
- Everywhere outside Rutland City
- The whole area, outside of Rutland
- Benson, Paulette, Danby, Pittsfield

Other responses from providers primarily serving
WASHINGTON COUNTY

- Chelsea, Washington, Orange
- Wherever you cannot get without a car or a license
- Vacuum throughout county
- Especially the valley – Warren, Waitsfield, etc.
- Anywhere outside Montpelier
- Marshfield, Calais
- Anything not easily accessible to Barre/Montpelier corridor

Other responses from providers primarily serving
WINDHAM COUNTY

- Everything but Brattleboro is pretty much ignored
- Bellows Falls, Westminster region, Whitingham, Wardsborough, Windham, Halifax
- Bellows Falls, West River Valley, Deer Field Valley
- Bellows Falls is underserved, underfunded
- Wilmington, Whitingham, Jacksonville, around and south of Route 9
- Halifax, Wardsboro
- Outside Brattleboro and Bellows Falls

Other responses from providers primarily serving
WIINDSOR COUNTY

- All towns in area are lacking
- White River Junction/Hartford area, especially substance use treatment
- Randolph area
- White River Junction

FOCUS GROUPS

The following section is a preliminary report of information gathered at three focus groups held in January and February, 2003, at locations in Brattleboro, Montpelier and Burlington. A total of 26 youth participated in the three groups. As of this report, two additional focus groups (and a more in-depth final report) are planned.

The focus group discussions were built around six basic questions:

1) Where have you seen HIV/AIDS information? (p. 52)
2) Who is getting HIV/AIDS information? (p. 53)
3) Who is not getting HIV/AIDS information? (p. 53)
4) What are the challenges/barriers to HIV prevention? (p. 54-55)
5) Regarding HIV prevention, what is effective? (What works?) (p. 56-57)
6) If you were designing an HIV prevention program, what would it look like? (p. 58-60)

Note: This report does not attempt to counter any inaccuracy or bias contained in participant responses.

Focus Group Question 1: Where have you seen HIV/AIDS information?

* = Mentioned in two of five focus groups
** = Mentioned in three of five focus groups
*** = Mentioned in four of five focus groups
**** = Mentioned in all five focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
****Community Agencies/Organizations	▪ *Spectrum ▪ AIDS Project of Southern Vermont ▪ Basement Teen Center ▪ Bathrooms in state offices (Welfare, DOH, SRS, DET) ▪ Employment office ▪ Outright Vermont ▪ Vermont CARES ▪ Youth Services
****Media	▪ ***Pamphlets ▪ ***Television (Lifetime Television, MTV, Commercials) ▪ *Magazines (Maxim, Cosmopolitan, Adult mags/pornography, Seventeen, YM) ▪ *Signs/Billboards ▪ Books ▪ Internet ▪ Movies ▪ Radio
****School	▪ ****Health Class – High School ▪ **Health Class – Middle School ▪ Elementary school ▪ Guidance counselor
***Health Care Facilities	▪ **Planned Parenthood ▪ Doctor ▪ Hospitals ▪ Nurse's office – outside of school ▪ Nurse's office – school
*Community events	▪ *AIDS Walk ▪ AIDS Awareness Day
*Peers	
Drug rehab	
"Everywhere"	▪ Media ▪ Public Places ▪ You can't miss it ▪ You can't not hear about it
Grocery stores, small stores	
Jails and institutions/Probation	
Needle Exchange Program	

Focus Group Question 2: Who is getting HIV/AIDS information?

* = Mentioned in two of five focus groups
** = Mentioned in three of five focus groups
*** = Mentioned in four of five focus groups
**** = Mentioned in all five focus groups

***Kids in school (middle school, high school)
*Anyone/Everyone
*We are (service recipients)
*Younger kids
Anyone who goes to get birth control
GLBT Youth
Mostly females
People living with HIV/AIDS
People who care about themselves
Parents
Teenagers

Focus Group Question 3: Who is not getting HIV/AIDS information?

* = Mentioned in two of five focus groups
** = Mentioned in three of five focus groups
*** = Mentioned in four of five focus groups
**** = Mentioned in all five focus groups

****Adults/Parents
**Dropouts
*"Drug Addicts"/Alcoholics
*Homeless people
*Partiers
*People who don't care
Boys/Guys
Home schooled kids
Kids of parents who don't talk about it
Most people
Non-English speakers
People engaging in sexual/drug-related risk behaviors
People in rural areas
People without t.v./radio
Prostitutes
Younger kids
Youth expelled from school

Focus Group Question 4: What are the challenges/barriers to HIV prevention?

* = Mentioned in two of five focus groups
** = Mentioned in three of five focus groups
*** = Mentioned in four of five focus groups
**** = Mentioned in all five focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
****Feelings of immunity	▪ Info is there for us, but we don't believe it can happen to us ▪ Attitude: "I wouldn't choose a boyfriend with AIDS" – as if they can tell ▪ Attitude: "I'm never going to get it" ▪ People think they won't get it ▪ Apathy
***Denial by providers and other adults	▪ Heroin use: Assumption that kids aren't using needles. Health class doesn't describe needle-related prevention techniques ▪ Teachers aren't comfortable with the subject, won't go into details ▪ School admin: If they don't see it as a big problem, they won't spend money on it ▪ Parents thinking kids are too young to learn this stuff
***HIV/AIDS not apparent	▪ We don't hear about AIDS first hand ▪ Not enough cases of it here (in Vermont) ▪ Hard to think that anyone we know has it ▪ You don't know until you get it (don't think about it until it's in your life) ▪ "Nobody has AIDS in VT" attitude
***Lack of access	▪ Kids on parent's insurance – won't go for testing or care ▪ If you run out of condoms or don't know how to use them ▪ Charging money for condoms is a barrier
***Messages are too simplistic	▪ We see the billboards, but they don't give details ▪ We know you can get a virus and die – that's all we know ▪ People don't relate to the advertisements ▪ Schools treat it (too much) like an isolated issue
***Shame factor/stigma	▪ Denial and embarrassment are the biggest things ▪ Don't want to stand up and ask "stupid" questions, so you don't learn ▪ No one wants to admit to unprotected sex or shooting up, or say "I have AIDS." ▪ Drugs/Alcohol, eating disorders, etc. – Accepted in a way that sex and AIDS are not. Need to open up the sex/AIDS dialogue ▪ People are afraid to talk about it ▪ The attitude is: "If you talk about it, you're probably gay, or doing something wrong" ▪ As a GLBT youth, you have to come out to an adult (provider, counselor) to get relevant (i.e., GLBT-specific) information ▪ High school kids don't want to own up to risk behaviors

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Focus Group Question 4 **What are the challenges/barriers to HIV prevention?** ***(continued from previous page)***	
**Trust/Inhibition	▪ Don't want to hurt partner's feelings by refusing unprotected sex ▪ Trust issues can lead to needle sharing ▪ Too much trust in one another (Someone tells their partner, "I don't have it," and the response is "Oh, okay.")
*Abstinence only approach	▪ If I have questions about other things, there's no room for them ▪ Kids aren't getting safe sex information
*Community-based obstacles	▪ How active is the community with its youth? ▪ There might be a lack of voice/teachers ▪ Right wing/conservative groups perpetuate the my of AIDS as a gay/junkie disease; see AIDS as a "just cure" for sin ▪ Parents object to passing out condom packets
Protection is really inconvenient	
We aren't respectful of ourselves	

Focus Group Question 5: Regarding HIV prevention, what is effective? (What works?)

* = Mentioned in two of five focus groups
** = Mentioned in three of five focus groups
*** = Mentioned in four of five focus groups
**** = Mentioned in all five focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
****HIV+ speakers	▪ More PWA need to speak out about it ▪ Hearing true life experiences ▪ Show the realities of HIV/AIDS, what HIV/AIDS "looks like" ▪ Speaker at school assembly ▪ Scares people, in an effective way ▪ Make me want to get more information
***More HIV/AIDS addressed in the schools	▪ Especially in elementary school ▪ Posters and info available in school (besides the health class curriculum) ▪ HS curriculum not so good – I know "wear a condom" and that's it ▪ Teacher needs to be comfortable with subject; someone who knows what they're talking about ▪ Don't isolate the information (e.g., "This is the day when we talk about HIV")
**Being real, being honest	▪ Youth don't want to hear about those perfect people that they don't know how to be ▪ Some pamphlets show young, vibrant rollerbladers. That's not HIV ▪ Shouldn't sugarcoat it; show the person really dealing with it ▪ People being willing to open up and discuss HIV ▪ Discussion leaders should be comfortable discussing these subjects, and not awkward when answering questions
**Providing more complete information	▪ More open to the nitty gritty, sex talk, using examples ▪ Use slang names, or say them all first to get them out of the way [to avoid discomfort] ▪ If someone takes the time to include details – what happens when you get HIV ▪ Give lots of information: the more the merrier – It's not *always* going to fall on deaf ears
**Use a variety of approaches	▪ Some kids don't like one-on-one, some don't like groups ▪ Tactile/visual learning styles should be accounted for

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Focus Group Question 5 **Regarding HIV prevention, what is effective? (What works?)** ***(continued from previous page)***	
**Workshops and other Practical learning opportunities	▪ Don't just hand out condoms – demonstrate them ▪ Less writing, more thinking ▪ Barrier demos are really useful; It's amazing how many people get it wrong at first ▪ Do activities, not just boring reading
*Be visual/Visual approaches	
*Increase access	▪ Condoms should be FREE and more available ▪ Allow private access to condoms
*Personalizing	▪ Hard to think anyone has it – unless your family member or friend has it ▪ HIV+ speakers (for example) make it feel real
*Scare tactics/Shock value	▪ When you *do* hear about it here [in VT], it's shocking. Only way they'll listen is if it's shocking ▪ If you scare them, it works ▪ HIV+ speakers: scares people in an effective way
*Theater plays/skits	
*Trustworthy providers/counselors	▪ Counselor should be good match to the client ▪ If they break the rules (e.g., let me smoke in their car), establish trust – I'll open up to them ▪ Providers who are there to support you, not just reading information from a book
Abstinence	
Classes in jail	▪ Were really helpful, very straightforward
Clean needle programs	
Higher level of parent/guardian involvement	▪ Need to be honest with kids ("I had sex as a teenager too") ▪ Less denial ▪ Ask more questions of youth ▪ Solicit kids, don't wait for them to come to you
Incentives	▪ Give food (pizza) or money, "and I'm there" ▪ Entertainment – good incentive
"Kids" (the movie)	▪ The most impactful thing I've seen ▪ So realistic, so good ▪ Good for targeting teens especially -- shows how easily it can spread
Movies/Media	
One-on-one counseling	▪ If it was mandatory in school, that would be awesome
Outreach	▪ Workers on Church St. handing out condoms, pamphlets, doing condom demos if needed
Start younger	▪ Deliver HIV/AIDS information to a younger audience
Youth-on-youth education	

Focus Group Question 6:

If you were designing an HIV prevention program, what would it look like?

* = Mentioned in two of five focus groups
** = Mentioned in three of five focus groups
*** = Mentioned in four of five focus groups
**** = Mentioned in all five focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
**HIV+ Speakers	▪ In and out of school
**More complete, honest discussion about HIV/AIDS	▪ Include more about how the virus works, why there's no cure, etc. ▪ How to deal with being HIV+, dealing with partners and friends who are HIV+ ▪ Conversation needs to be deeper ▪ Never too much information
**No preaching	
**Not abstinence only	▪ Discuss different types of protection ▪ Not just "Just say no" ▪ Sex positive environment – show how easy safe sex can be
**Show what it's like to live with HIV	▪ Show how hard it can be; Then give prevention info – this is how you can avoid this ▪ Walk them through the day of a sick person (HIV+) ▪ Make the bad effects more visible
*Put the message everywhere	▪ Hearing, visual, print – to reach different kinds of learners ▪ Taught through five or six different mediums ▪ Throw it in your face, so you always see it, think about it, etc. ▪ Material in schools, in hallway, in bathrooms – get everyone talking about it
*Something like this focus group	▪ Different voices ▪ Information not crammed down my throat ▪ Able to *discuss* (vs. getting a lecture)
*Tackle the myths	▪ Tell everyone that it's not just a gay men's disease ▪ Let people know that HIV/AIDS is here in Vermont
*Youth-led education, programs, discussion	
Actors play out a PWAs life, how they got it, etc.	▪ Yeah, but it has to be real, not puppets. ▪ Seeing someone else in a play, depicting risk – that's impactful ▪ Shock/scare value of seeing people dealing with it and/or taking risks
Address associated risks	▪ Include needle use, not just sex-related risk
Condom practice, especially for men	

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Focus Group Question 6:
If you were designing an HIV prevention program, what would it look like?
continued from previous page

Destigmatize HIV/AIDS	▪ Don't always focus on the negative
Give choices	▪ Don't just tell us what to do
Have a big group first, and then offer individual counseling for those who want it	
In a dance club, somewhere people like going to	▪ "HIV prevention club" ▪ Someone get up and speak (in the middle of the socializing)
Programs in and out of school	
School-Based Program(s)	▪ Something where you get out of class to learn about HIV/AIDS (maybe a full day dedicated to the subject), but you get credit for your class ▪ More emphasis in health class on the effect of STDs o And how STDs can <u>inconvenience</u> your life o e.g., You won't be able to get it up in 5 years – guys care about that o Details about symptoms, inconveniences o More scare factor ▪ Tell how they transmit and what will happen – not just "you'll die" ▪ Not just abstinence ▪ Not just one teacher's opinion – lots of opinions

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Programs/Messages should be delivered by…	
***Other youth/peers	▪ Program by teens for teens would be more effective ▪ Have HS students learn it then teach it to MS students
*Both HIV+ and HIV- people	
Entertainers/Entertainment	▪ Definitely involve humor ▪ Stand up comedian – pulls people in ▪ Famous/respected people ▪ Eminem, DMX, Bucket of Vampires ▪ Rap – Can teach a lot, and show that learning doesn't just come from teachers and books ▪ Magic Johnson – that's a lot of people's first thing they learn about HIV
Knowledgeable people	▪ Should be educated and passionate about it ▪ Should give off a little energy about it
Parents	
People of all races, religions, etc.	
People whose family members have it	
Role Models	▪ Someone you look up to and respect ▪ Staff at teen center